

# Waikato Building Consent Group

# Blocks, Beams, Columns & Tilt Slab Inspection

Applicant's Name:	Consent No:	
Property Address:	Lot No.:	Wind Zone:

**Restricted Building Work - LBP license check** (Check against list of notified LBPs for this project)  Not applicable, not RBW

Name of LBP: (If not on site, ask who the LBP is)	LBP Onsite: <input type="checkbox"/> Yes <input type="checkbox"/> No License sighted: <input type="checkbox"/> Yes <input type="checkbox"/> No License No: ..... (if sighted) Expiry Date: .....
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**ITEMS TO BE CHECKED** [Checked against the approved Building Consent (BC) documents]

Key:  
Decision:  or  = Pass  or  = Fail, further inspection required  or  or  = Not Applicable  
Reason for decision: Compliance or non compliance with the approved building consent documents

<input type="checkbox"/> Approved BC documents and amendments on site <input type="checkbox"/> Prior inspection passed or instructions addressed <b>Bond beams, Beams, Columns, Block Work</b> <input type="checkbox"/> All steel as per detail: size, type, placement, laps, ties, cover <input type="checkbox"/> Bond beams / lintels, No. of bars, stirrups <input type="checkbox"/> Wash out ports are clean <input type="checkbox"/> Construction joint placement <input type="checkbox"/> Tanking / drainage <input type="checkbox"/> Subfloor ventilation	<b>Tilt Slabs</b> <input type="checkbox"/> All steel as per detail: size, type, spacing, laps, ties, cover <input type="checkbox"/> Thickness of slab correct <b>Required Documentation</b> <input type="checkbox"/> Engineer inspection completed PS4: <input type="checkbox"/> Received <input type="checkbox"/> Outstanding <input type="checkbox"/> NA
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**Comments if required:**  Photos attached (if relevant)  Memo / Instruction No: .....  Verbal instruction (specify):

**OUTCOME OF DECISIONS** [Tick the correct outcome: e.g.  PASS or  FAIL etc. Use REPEAT section if applicable.]

Work complies with the approved BC documents <input type="checkbox"/> PASS <input type="checkbox"/> FAIL. Work may proceed to next inspection. <input checked="" type="checkbox"/> FAIL. Repeat inspection required <input type="checkbox"/> Additional fee Officer Name: Signature : Date:	<b>REPEAT:</b> Work complies with the approved BC documents <input type="checkbox"/> PASS <input type="checkbox"/> FAIL. Work may proceed to next inspection. <input type="checkbox"/> FAIL. Repeat inspection required Additional fee Officer Name: Signature: Date:
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